

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

**09/980833**

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2						
3	8					
4	8		1			
5			1			
6	1		1			
7	8					
8	8		1			
9	8		1			
10	1		1			
11	1		1			
12	1		1			
13	1		1			
14	1		1			
15	1		1			
16	1		1			
17	1		1			
18	1		1			
19	1		1			
20	1		1			
21	1		1			
22	1		1			
23	1		1			
24	1		1			
25	8		1			
26	8		1			
27	1		1			
28	1		1			
29	1		1			
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49						
50						
TOTAL IND.			2			
TOTAL DEP.			27			
TOTAL CLAIMS			29			

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
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97						
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99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

Barbara Campbell  
National Stage Processing  
(703) 305-3831